

National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Code Pair Edits

NCCI PTP Edits


Who created NCCI?	The Centers for Medicare and Medicaid (CMS) is the creator and owner of the NCCI program.
Why was NCCI established?	To promote correct coding methodologies and reduce improper coding which leads to improper payment of claims.
What is a PTP code pair edit?	Code pair combinations listed in spreadsheet tables that contain numeric modifiers to indicate whether a code pair is reportable in certain circumstances or whether the code combination can never be reported together.
How are PTP edits used?	If the two codes listed with a PTP edit are reported together, the codes will not be reimbursed. This could occur as either a complete claim denial, one code denied on the claim, or both codes will be bundled together for only one payment.
What do the different modifiers mean for various PTP edits?	<ul style="list-style-type: none">✓ PTP edit of “0” means = the two codes may not be reported together, and no CPT modifiers appended can bypass the edit✓ PTP edit of “1” means = one of the CPT codes requires an NCCI-associated CPT modifier to bypass the code pair edit.✓ PTP edit of “9” means = the code pair is not applicable and would never be performed together.
How can the PTP code pair edits be overridden?	<p>With CPT or HCPCS modifiers:</p> <ul style="list-style-type: none">✓ To bypass a PTP edit with a “1” indicator, the modifier 59 must be appended to indicate the two procedures meet criteria for separate reporting, and therefore should be reimbursement separately.<ul style="list-style-type: none">o If the procedures are still denied, the billing staff has the right to appeal with supporting documentation.✓ Occasionally a HCPCS modifier may be appended if necessary, such as RT (right) or LT (left), which some third-party payers may allow for more specificity.

Who follows NCCI? Why is this important when submitting claims for non-Medicare patients?	<p>Many third-party payers follow the CMS NCCI PTP edits and therefore the same rules will apply when processing claims with the code pairs. It is best to confirm if private payers use NCCI rules or not in order to determine if modifiers are needed to bypass an NCCI edit, or if the claim will be denied.</p> <p>Private payers that adhere to NCCI edits and guidelines may have software systems that reject claims submitted with code pairs containing NCCI edits.</p>
Where are the NCCI PTP edits located?	The extensive Excel spreadsheet files and tables for every PTP code pair edit are located on the CMS website. It lists the codes, the indicator for the PTP edit, the date implemented and the reason for the edit.
What information is listed in the tables?	<p>Within the Excel tables, numeric modifiers are used to indicate whether a code pair is reportable in some circumstances, or whether the code combination is never reportable together. Headings include:</p> <ul style="list-style-type: none"> ✓ Columns 1 and 2, which list the CPT (or HCPCS) codes ✓ Effective date of the code pair edit ✓ Deletion date, where applicable ✓ Modifier (indicates whether one can bypass the code pair edit) ✓ PTP code pair edit rationale
How often are updates made to the NCCI program?	Updates are made annually and every quarter to the NCCI program. Often proposed PTP edits are sent to stakeholders for review and comment prior to becoming effective.
Do NCCI PTP edits align with AAOS guidance?	There are frequent occurrences when certain NCCI guidelines conflict with CPT and AAOS Global Service Data (GSD) guidelines. Examples include: knee arthroscopy, shoulder procedures, spine decompression with interbody fusion, and other joint debridement.
How can practices stay abreast of NCCI issues?	<ul style="list-style-type: none"> ✓ Have staff perform quarterly & yearly review of NCCI new PTP edits and NCCI guidelines. ✓ Note the policies for services performed in the practice that diverge from CPT and GSD. ✓ For private payers, review contracts to when payers adhere to NCCI. ✓ If the payer contract mandates the adherence to NCCI, billing staff will have no foundation to appeal unpaid services.
What actions can be taken when PTP code pair edits are clinically incorrect?	<ul style="list-style-type: none"> ✓ If experiencing claim denials based on clinically inaccurate NCCI edits, AAOS members can raise the issue with the AAOS Coding and Reimbursement department for intervention. ✓ If the physician advisors on the AAOS Coding Coverage and Reimbursement Committee (CCRC) deem the NCCI edits as incorrect and in conflict with CPT and GSD guidelines, then AAOS will address the inaccurate code pair edit directly with CMS and NCCI and request a change. This intervention has overturned several NCCI edits in recent years

Example of NCCI PTP Edit

Column 1	Column 2	Effective	Modifier	PTP Edit Rationale
29806	29822	20020701	1	Standards of medical/ surgical practice

Source: www.cms.gov retrieved 5/25/22



“1” indicates a CPT modifier must be appended to bypass the PTP edit.

Column 1: CPT code 29806 Arthroscopy, shoulder, surgical; capsulorrhaphy

Column 2: CPT code 29822, Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])

Effective: This PTP code pair edit has been effective since 7/1/2002

Modifier: “1” indicates a CPT modifier is acceptable to override the PTP edit if the two procedures are distinctly separately identifiable. If the claim is submitted without the CPT modifier, then the procedure(s) will not be reimbursed correctly and will need to be appealed.

PTP Edit Rationale: The edit is in place as a standard of medical and surgical practice.

AAOS Global Service Data for Orthopaedic Surgery (GSD)

The AAOS publication, Global Service Data for Orthopaedic Surgery (GSD), lists that code 29806 may be reported separately when code 29822 is performed. However, since the NCCI PTP edits indicate that a CPT modifier must be appended to the claim in order to bypass the PTP edit and report both CPT codes, physicians and their staff need to append a modifier (e.g 59) when reporting these two procedures to all payers adhering to NCCI guidelines.

For private payers that do not contractually require the use of NCCI, surgeons must be aware of the NCCI PTP code pair edits, along with CPT and GSD guidelines, and appeal all inappropriately denied and bundled claims. Appeals should state if the denial of the code conflicts with AMA CPT guidelines and/or AAOS GSD guidelines, which state the two codes are separately reportable.